

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  29D1051703	<b>(X3) Date Survey Completed</b>  01/22/2021
<b>Name of Provider or Supplier</b>  Desert View Hospital	<b>Street Address, City, State</b>  360 South Lola Lane, Pahrump, NV	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	This Statement of Deficiencies was generated as a result of the CLIA proficiency testing desk review conducted off-site for your laboratory on 1/22/2021. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.
<b>D2016</b>	<p><b>SUCCESSFUL PARTICIPATION</b> CFR(s): 493.803(a)(b)(c)</p> <p>(a) Each laboratory performing nonwaived testing must successfully participate in a proficiency testing program approved by CMS, if applicable, as described in subpart I of this part for each specialty, subspecialty, and analyte or test in which the laboratory is certified under CLIA. (b) Except as specified in paragraph (c) of this section, if a laboratory fails to participate successfully in proficiency testing for a given specialty, subspecialty, analyte or test, as defined in this section, or fails to take remedial action when an individual fails gynecologic cytology, CMS imposes sanctions, as specified in subpart R of this part. (c) If a laboratory fails to perform successfully in a CMS-approved proficiency testing program, for the initial unsuccessful performance, CMS may direct the laboratory to undertake training of its personnel or to obtain technical assistance, or both, rather than imposing alternative or principle sanctions except when one or more of the following conditions exists: (1) There is immediate jeopardy to patient health and safety. (2) The laboratory fails to provide CMS or a CMS agent with satisfactory evidence that it has taken steps to correct the problem identified by the unsuccessful proficiency testing performance. (3) The laboratory has a poor compliance history.</p> <p>This CONDITION is not met as evidenced by: Based on desk review of federal database CASPER Report 155D, American Proficiency Institute (API) proficiency testing (PT) evaluation forms, and review of</p>

	<p>the laboratory's Performance Review and Corrective Action Documentation and interview with the laboratory manager on 1/21/2021, the laboratory did not successfully participate in a proficiency testing program. The laboratory's failure to achieve an overall satisfactory proficiency testing event performance for two consecutive testing events for the second and third testing events of 2020 with a score of 80% in the second testing event and a score of 0% in the third event resulted in unsuccessful proficiency testing performance for D (Rho) typing. Findings include: The laboratory failed to maintain successful participation with the API PT program shown by the unsuccessful performance for D (Rho)typing in the second and third testing events of 2020. Refer to D2162.</p>
<p><b>D2162</b></p>	<p><b>ABO GROUP AND D(RHO) TYPING</b> CFR(s): 493.859(f)</p> <p>Failure to achieve satisfactory performance for the same analyte in two consecutive testing events or two out of three consecutive testing events is unsuccessful performance.</p> <p>This STANDARD is not met as evidenced by: Based on desk review of federal database CASPER Report 155D, API PT evaluation forms, and review of the laboratory's Performance Review and Corrective Action Documentation, the laboratory did not successfully participate in a proficiency testing program. Findings include: 1. The laboratory failed to maintain successful participation with the API PT program shown by the unsuccessful performance for D (Rho) typing second and third testing events of 2020. 2. CASPER Report 155D, the API PT evaluation forms, and the laboratory's Performance Review and Corrective Action Documentation reported a score of 80% for the second testing event of 2020 and a score of 0% for the third testing event of 2020.</p>
<p><b>D6076</b></p>	<p><b>LABORATORY DIRECTOR</b> CFR(s): 493.1441</p> <p>The laboratory must have a director who meets the qualification requirements of 493.1443 of this subpart and provides overall management and direction in accordance with 493.1445 of this subpart.</p> <p>This CONDITION is not met as evidenced by: Based on desk review of federal database CASPER Report 155D, API PT evaluation forms, and review of the laboratory's Performance Review and Corrective Action Documentation, the Condition: Laboratories Performing High Complexity Testing: Laboratory Director was not met. The laboratory director failed to provide overall management and direction in accordance with CFR 493.1445. Findings include: The laboratory director failed to ensure that the laboratory successfully participated in a PT program approved by CMS; as described in subpart 1 of this part for each specialty, subspecialty and analyte or test in which the laboratory is certified under CLIA. Refer to D6089.</p>
<p><b>D6089</b></p>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1445(e)(4)(i)</p> <p>The laboratory director must ensure the proficiency testing samples are tested as</p>

required under subpart H of this part.

This STANDARD is not met as evidenced by:

Based on desk review of federal database CASPER Report 155D, API PT evaluation forms, and review of the laboratory's Performance Review and Corrective Action Documentation, the laboratory director failed to ensure that proficiency testing samples were tested as required. Findings include: 1. The laboratory failed to maintain successful participation with the API PT program shown by the unsuccessful performance for D (Rho) typing second and third testing events of 2020. 2. CASPER Report 155D, the API PT evaluation forms, and the laboratory's Performance Review and Corrective Action Documentation reported a score of 80% for the second testing event of 2020 and a score of 0% for the third testing event of 2020.